47th ANNUAL INTERNATIONAL CONGRESS EHS 2025 JUNE 4-6 PARIS - FRANCE

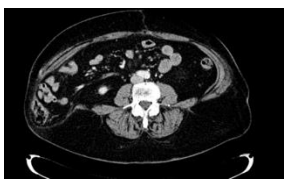
Lateral incisional hernia

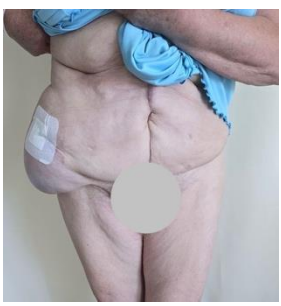
Michał Putko MD[1]
Mateusz Zamkowski MD, PhD, FEBS AWS[1]
Maciej Śmietański MD, PhD, Dsc, FEBS AWS[1,2]
1. Department of General Surgery and Hernia Center, Lux Med Hospital in Gdańsk, Poland
2. Medical University of Gdańsk, II Department of Radiology, Poland

Reconstruction od the right side of the abdominal wall due to post-traumatic muslce avulsion

Aim:
Traumatic detachment of the lateral abdominal muscle group from the iliac crest is a rare and challenging condition resulting from blunt force trauma. This study aims to present a novel surgical technique for managing such defects, focusing on the use of macroporous mesh fixation to the iliac crest with a ProTack stapler.

Materials and Methods:
A 67-year-old female patient sustained a traumatic abdominal wall defect following a motor vehicle collision. The diagnosis was based on physical examination and computed tomography, which identified a defect above the iliac crest measuring 36x54 mm. Initial emergency surgery addressed abdominal organ injuries, but secondary complications led to hernia formation. Twelve months post-injury, definitive repair was undertaken. Using a transverse incision, the hernia sac was dissected and reduced. A preperitoneal space was created, and a 26x28 cm macroporous mesh was placed and secured to the iliac crest using a ProTack stapler. The lateral abdominal muscles were reattached to the mesh to restore anatomical continuity.






Results:
Postoperative recovery was uneventful. Subcutaneous drainage was maintained for 9 days, and a hernia belt was prescribed for 6 weeks. The patient was discharged on the third postoperative day, achieving primary wound healing and satisfactory functional and aesthetic outcomes. During a 12-month follow-up period, no hernia recurrence or complications were observed.

Conclusions:
Traumatic detachment of lateral abdominal muscles is a rare and complex condition requiring individualized management. The described technique, involving mesh fixation to the iliac crest with a ProTack stapler, demonstrates safety and efficacy. Further experimental studies are needed to optimize fixation methods and establish evidence-based guidelines for these challenging cases.

CENTRUM LECZENIA PRZEPUKLIN PROFESORA ŚMIETAŃSKIEGO